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Original Articles.

BEARINGS OF PATHOLOGICAL HISTOLOGY ON OPERATIVE SURGERY.

BY A. VARONA, M.D.

(Continued.)

Being now better prepared to exemplify with practical cases the clinical questions propounded in the beginning, let us do so in the simplest possible manner, allowing the crude and unadorned record of each case to speak for itself, leaving to the good sense of our readers the work of making inferences and drawing conclusions.

CASE NO. 1.

(From the Records of the Brooklyn Homœopathic Hospital, by Dr. S. E. STILES, Resident Physician.)

MARY TONNEY, æt. 38, unmarried, Ireland, (in United States 14 years), servant, ill for four years; admitted December 24th, 1875.

About five years since first noticed a small, soft "lump" on anterior and inner surface of right thigh, not painful nor discolored. It increased until three years since, when it was size of a fist. It has gradually grown until two months since, when she began to have lancinating pain in it, and became somewhat inflamed, but she was able to attend to her work (general house-work). Ten days since it was very painful and apparently "pointed." Hot water was applied at the lower part. It then opened and was poulticed, and in a few days an incision was made by the family physician (Dr. Bronson). There was a slight discharge of blood only. A slough began on inner side. She was then admitted to the hospital—attending surgeon, Dr. Willis.

On admission, has a tumor on inner and anterior surface of right thigh, measuring at base 28 inches in circumference; skin somewhat reddened.

Anteriorly, a pointing in appearance like varicose veins, about two inches in diameter. A large slough about 4 inches wide on inner side, foul and fetid. Tumor extends from groin to six inches above the knee. Has not much pain in it. Pulse, 84; temperature, 99½; no appetite; bowels costive; urine normal; patient somewhat emaciated (not much); tongue clean.

Diagnosis—Medullary cancer.

Dec. 25th. Slept badly during night; some pain in leg this morning; temperature, 102½.

R Hyos., punch, beef tea and milk.

Dec. 26th. Pulse A. M., 84; has but little appetite; tumor has increased in size considerably; albuminous discharge from opening and much fetor; stools rather loose; temperature A. M., 100½; P. M., 102½. *R* Ars. 3.

Consultation with Drs. Fiske and Varona, the result being a difference of opinion as to nature of tumor.

Dec. 27th. More sloughing; less pain than yesterday; tumor is half inch less this morning in circumference; temperature A. M., 101. Beef tea and milk punch, *ad lib.* *R* Ars. 3; *arn.* 30.

Dec. 28th. Operation by Dr. Varona, the Faculty and several other physicians present. Patient was anesthetized, femoral artery cut down upon a ligature passed under it, both threads of which were inserted in a silver tube and given to an assistant with directions to tighten the ligature if the artery were cut in the course of the operation, or in case of profuse hemorrhage from the branches. An incision was then made around base of tumor, integument dissected back, and with a blunt scalpel the whole mass was enucleated, being contained in a distinct capsule.

A few fibres of sartorius which passed over and spread out on the upper surface of tumor were divided. The femoral artery was released

and the small arteries were ligated. After exposure to air for half an hour, adhesive straps were applied, and lint dressing saturated with *sol. carbolic acid*. *R Arn. 30.*

Dec. 29th. Slight oozing from wound; continued dressing as before; pulse, 76; temperature, 100½. *R Arn. 30.*

Dec. 30th. Doing well; temperature, 99½. *R same.*

Dec. 31st. Slight suppuration at each end of wound; temperature, 100½. *R same.*

Jan. 1st. Attending surgeon, Dr. Varona; doing well. *R Sac. lact.*

Jan. 2d. Suppuration increasing. *R Carb. an. 3.*

Jan. 3d. Doing well in every respect; pulse, 76; temperature A. M., 100; appetite fair; bowels moved yesterday (enema); has but little pain; sits up in bed. *R same.*

Jan. 4th. Same. *R same.*

Jan. 5th. Condition perfectly good, as before; temperature has not been above 100½ since operation. *R same.*

Jan. 6th. Ligatures came away this morning; one remains; straps re-applied; suppuration slight. *R same.*

Jan. 7th. Remaining ligature came off this morning; wound is uniting well. *R same.*

Jan. 8th to 19th. Improving. *R same.*

Jan. 20th. Fungus granulation in lower part of incision; upper half closed. *R Sach. lach.;* externally applied, *glycerole of cupr. sulph.*

Jan. 22d. Nearly closed; applied dry cotton only and roller bandage. *R same.*

Jan. 25th. Omit *R.*

Feb. 1st. Walks about; bowels costive and has distress in stomach after eating; wound closed except about one inch. *R Nux. i.—enema also.*

Feb. 2d. Bowels moved freely by *enema*; is feeling better than yesterday. *R same.*

Feb. 4. Has constipation; flatulence with pain in bowels. *R Nux. carbo. vg. 3.*

Feb. 5th. Better. *R same.*

Feb. 7th. *R Sac. lach.*

Feb. 9th. *R omit.*

Feb. 12th. Had some diarrhœa last night; headache and pain in bowels; stools slimy. *R Nux. 3.*

Feb. 13. Same. *R same.*

Feb. 14. Has diarrhœa with pain; watery, light-colored stools, tenesmus. *R Sulph. 30; merc. 3.*

Feb. 15th. Better. *R same.*

Feb. 16th. Bowels less loose, but has griping pain before and after stool, with soreness of bowels. *R Coloc 3; sulph. 30.*

Feb. 16th. Discharged and transferred to medical division.

Since four days has had pain in abdomen with diarrhœa, generally early in the morning preceded by a stichy pain and tenesmus after stool; watery, light colored stools. *R Coloc. 3; sulph. 30.*

Feb. 17th. Better to-day; eats well; tongue normal. *R Sac. lact.*

Feb. 18th. Says she has had no more diarrhœa; condition generally seems good though depressed in mind. *R Sac. lact.*

Feb. 19th. Had no pain since the last medicine. *R same.*

Feb. 22d. *R omit.*

Feb. 23d. Discharged cured.

Re-admitted October 19th, 1876; attending surgeon, Dr. Fiske. Was well since her discharge, until two months since, when she says she lifted a barrel, resting it on her thigh where the old scar is. Felt some pain then, and soon after noticed a swelling which rapidly increased, became inflamed on surface, ulcerated, and discharged about a week since.

On admission—Has a palid complexion; is not emaciated; pulse 100; is quite weak, has no pain (except on motion) in leg. There is a large tumor much like previous one in appearance on inner side of cicatrix, a smaller one on the other side, which extends up into groin, and another fluctuating, and not inflamed, on the same side below. Both tumors have a large sloughing surface, discharge being very offensive and bloody.

Oct. 20th. *R Ars. iod., 3 x.*

Oct. 22d. Some increase in size of large tumor since her admission. It gives but slight pain.

Oct. 24. Consultation held to-day, Drs. Fiske, Willis and Varona being present. The latter advising operation; this, however, was deferred for one week, during which interval medication is to be tried. *R Ars. iod. 13, and continued; glycerole of iod. Ars. and mur. ammonia.*

Oct. 26th. Tumors are increasing rapidly. The largest one is one-third larger, and the two smaller twice as large as on her admission. Discharge is less offensive, but very profuse. Has but little appetite; bowels regular; pulse about 80; tem-

perature 100 in morning and 102 at night. *R. Ars. iod.* 13, and continued *glycerole*.

Oct. 27th. More burning pain this morning, no appetite; injected two small tumors with *alcohol*; dressed small sloughing tumor with *acetic acid dil.* and the others with *fusel oil*. Pulse A.M., 100; temperature, 101; temperature, P.M., 102. *R. Ars. iod.* 13, and continued *glycerole*.

Oct. 29. Some inflammation in smallest tumor; no pain until this evening. Temperature P.M., 104.

Oct. 30. More pain this morning; upper small tumor is sloughing out more; increased inflammation in all of the tumors with running. Pulse, 100; temperature A.M., 102; noon 104; P.M., 104½. *R. Acon.* 2.

Oct. 31st. Skin over lower part of large tumor has given way, and a large mass protrudes, which appears to be of a fatty nature; bleeds but slightly; very painful. Temperature A.M., 103; noon, 103½; P.M., 103½. *R. Acon.* 1.

Nov. 1st. Attending surgeon, Dr. Willis. Much pain in leg; constipated stool this morning; no appetite. Pulse, 96; temperature A.M., 102; noon, 103; P.M., 103½. *R. Rhus.* 3.

Nov. 2d. Profuse discharge from large tumor, watery; tumor has diminished half; complains of pain in leg; tongue coated white at sides, red streak in the middle. Pulse 100, and not very strong; temperature A.M., 101½. *R. Verat. vir.* 3. Operation by attending surgeon. The tumors extended up over Poupart's ligament, also, between the femoral artery and femur, involved the sartorius and part of the subjacent muscles. Most of the tumors were sloughing out. It was impossible to follow out all the extension of the tumor. There was not sufficient healthy integument to cover the wound which was left open and dressed with *carbolic acid sol.* Was much prostrated after the operation. *R. Ars.* 3.

Nov. 3d. Vomiting all night. Pulse almost imperceptible, (88); temperature, 97½ A.M. *R. Ipec.* 2. Suppuration beginning, tongue dry and brownish in the centre. *R. Rhus.* 2.

Nov. 4th. Vomiting continues; nothing is retained more than a few minutes; tongue is clean, but still dry; profuse suppuration of the wound. Pulse, 100, rather stronger; temperature A.M., 99½; P.M., 100½. *R. Rhus.* 3; *ipec.* 2. At night, *R. Rhus.* 2. *Apomorphia*.

Nov. 5th. Slept more last night. Vomiting slightly less since taking *apomorphia*. Tongue dry, much thirst. Pulse A.M., 100; temperature, A.M., 100½; P.M., 104½. *R. Rhus.* 3; *apomorphia*, 2; alternate every two hours.

Nov. 6th. Stronger, and retains some food. Tongue dry, not coated; profuse suppuration. Pulse, 100; stronger temperature A.M., 101½; P.M., 103½. *R. same.*

Nov. 7th. No vomiting. Pulse strong, 96; temperature A.M., 101; P.M., 100½. *R. Rhus.* 3.

Nov. 8th. Wound granulating. Pulse, 100; temperature A.M., 100½; P.M., 102½. *R. Rhus.* 30.

Nov. 9th. Wound looks well. During last night felt very faint; has dry tongue and teeth this morning; skin dry and harsh, features more pinched. Pulse, 104; temperature A.M., 101; P.M., 102½. *R. Arn.* 3.

Nov. 10th. Looks better. Had some nausea and vomiting last night; pulse, 96; temperature A.M., 100½; P.M., 101. *R. Ars.* 3.

Nov. 11th. Has some nausea after eating; pulse, weaker; temperature A.M., 100½; P.M., 100½. *R. same.* *R. Apomorphia* powder before meals.

Nov. 12th. No vomiting; bowels moved freely yesterday; urine is dark and muddy; pulse still weak. Temperature A.M., 100; P.M., 100½. *R. same.*

Nov. 13th. Slight cough this morning. Pulse, weak; temperature A.M., 101; P.M., 101½. *R. Ars.* 6.

Nov. 14th. Some vomiting yesterday. Pulse, 100, weak; temperature P.M., 100½; P.M., 101. *R. Ars.* 6.

Nov. 15th. Pulse as before. Temperature A.M., 102; P.M., 100. *R. same.*

Nov. 16th. As before. Has vomiting on eating solid food.

Nov. 17th. Some nausea this morning. Skin has a shriveled, dry appearance; dry mouth and tongue; pulse feeble, 100; temperature A.M., 101; P.M., 101½. *R. Ars.* 3.

Nov. 18th. Seems weaker, and had some vomiting. Pulse feeble, temperature A.M., 102½.

Nov. 19th. Vomited last night and this morning after drinking milk. Re-appearance of tumor at upper part of wound. Pulse A.M., 120, and weak; temperature A.M., 102. *R. Ars.* 6; *apomorphia*, 3.

Nov. 20th. No more vomiting. Bowels moved by enema this morning. Ate some meat yester-

day. Temperature P.M., 100½. R. *Ars.* 3; *apomorphia* 3.

Nov. 21st. Has had no vomiting. Temp. A.M., 101. R. same.

Nov. 22d. Same. Temperature averages 101.

Nov. 23d. 100½ a.m., and 101½ p.m.

Nov. 28th. Rubber straps applied at upper part of wound. R. *Arsen.* 6.

Nov. 30th. Strapped whole of wound over a frame. R. *Ars.* 3; *apomorphia* 3.

Dec. 2d. Removed frame and applied eight tailed bandage as a sling. R. *Ars.* 3; *apomorphia* in water.

Dec. 7th. As before. R. *Ars.* 6.

Dec. 9th. Wound smaller; discharge slight. R. same.

Dec. 19th. Wound was not dressed anew this morning. Was dressed yesterday, and sprinkled with dry *epithelium* from sole of foot. R. same.

Dec. 20th. Dressed wound to-day. No grafts have taken hold yet. Seemed weaker this evening, and had very feeble pulse. Has incontinence of urine, and involuntary evacuations. R. *Ars.* 3.

Dec. 22d. Better and apparently stronger to-day. Dressed wound. R. same.

January 1st, 1877. Attending surgeon, Dr. Varona. There is a small island of new tissue on edge of wound, and adhesion all along the outer edge. General condition much better; has a good appetite; tongue more moist. Sprinkled the surface of ulcer with pieces of dry skin from the foot, and dressed as before. Pulse about 90. R. *Ars.* 30.

Jan. 3d. Grafted small pieces as before. R. same.

Jan. 4th. Some diarrhœa yesterday and last night. Stool light-colored, watery and small; constant desire for stool, with scanty evacuation; better taste. R. *Nux.* 3.

Jan. 5. Diarrhœa continues; stools are mixed with pus (?) and accompanied with pain. Ulcer is closing in more at upper part. R. *Nux.* 3; *merc. sol.* 3.

Jan. 6th. Better.

Jan. 9th. Increase of diarrhœa since yesterday; it is accompanied with much flatus; stools scanty; pendalic pains. Leg strapped with adhesive plaster, and roller bandage applied. R. *Carbo. veg.* 3; *merc. sol.* 3.

Jan. 10th. Better. R. same.

Jan. 11th. Leg re-strapped and bandaged to-

day; edges are beginning to extend over ulcer; less diarrhœa. R. *Carbo. animal.* 3; *merc. sol.* 3.

Jan. 12th. Improving. Diarrhœa is lessening. R. same.

Jan. 14th. Has diarrhœa only at night now, it is still accompanied with some pain. Ulcer strapped again to-day. The skin has united all around the edges, and is closing in. A few grafts from the sole of foot were made to-day. R. *Carbo. anim.*, 3; *merc. sol.*, 2.

Jan. 15th. Appetite good; bowels less loose, and feels better generally. R. same.

Jan. 17th. Re-strapped and bandaged this morning; grafts have not taken. R. same.

Jan. 20th. Strapped again; some bleeding from the upper corner of the ulcer. R. *Sac. lact.*, *carbo. an.* 3.

Jan. 23d. Strapped leg; closing up slowly. R. same.

Jan. 26th. Leg strapped. Is generally improving; good appetite; pulse only 88. R. *Carbo. an.* 3.

Jan. 30th. Pain on movement of bowels, with flatus; is otherwise doing well. R. *Carbo.* 30.

Feb. 9th. Strapping has been applied every third day; ulcer has much decreased in size. Sat upon chair to-day for first time. R. same.

Feb. 14th. Sits up in bed; has good appetite and sleep; bowels regular, and tongue not coated. R. *China*, 2.

Feb. 22d. A hard immovable swelling on outer border of ulcer; has been growing slowly for about two weeks; it is slightly painful to touch, and is now about 1½ inches in diameter; ulcer is closing in well all around. R. *Cundurango*, 3x.

Mar. 5. Attending surgeon, Dr. Fiske. Has had for last three days a constant thirst; burning pain in ulcer. R. *Ars.* 3.

Mar. 6th. Feels better this morning. R. same.

Mar. 7th. The little tumor has grown to about twice its former size, and is becoming purplish at inner edge. R. same, 30.

Mar. 9th. On puncturing the swelling a viscid, yellowish, clear fluid exudes. In the centre of the ulcer is a small, hard purplish nodule. R. *Ars.* 200.

Mar. 10th. Operated by attending surgeon, Dr. Fiske. Tumor was removed and the cavity cauterized with *carbolic acid*. The small nodule in centre of ulcer cauterized with *London paste*. R. *Arn.* 30.

Mar. 11th. Adhesive straps applied to bring

the edges of wound together. R. *Ars. iod.* 3.

Mar. 12th. No suppuration from wound which looks dry; a large erysipelatous patch has appeared on outer side of thigh and edges of wound are slightly reddened. Pain slight; pulse, 100; temperature, 10 a. m., 103½; 1 p. m., 104; 3 p. m., 105; 6 p. m., 106; 9 p. m., 105. R. *Sulpho carbolate of soda*.

Mar. 13th. Has no pain; some suppuration in wound; erysipelas better though it has invaded the edges of the ulcer. Pulse, 100; temperature, a. m., 102½; p. m., 105. R. same.

Mar. 14th. Feels not quite so well. Erysipelas is not spreading apparently. Pulse a. m., 100, weaker; temperature a. m., 102½; noon, 104½; 9 p. m., 105½. R. *Sulpho carbolate of soda*.

Mar. 15th. Is more restless; tongue more dry; a fresh spot of erysipelas in inner side of leg, just above the knee; another small growth of the tumor in the centre of the ulcer about the size of a pea. Pulse 100 and quite weak; temperature a. m., 104½; noon, 105; p. m., 105½. R. same.

Mar. 16. Erysipelas has spread to back and down the leg below the knee; the growth in ulcer has increased to twice the size. Applied *chloride zinc and hydrastis paste*. Temperature a. m., 103½; noon, 103½; p. m., 105½. R. same.

Mar. 17th. Erysipelas still extending down the leg, but has not extended on the back; tongue dry, not coated; complains of much more pain in leg; healthy suppuration from the wound. The growth cauterized yesterday seems entirely dead. Temperature a. m., 105½; noon, 106; 6 p. m., 106½; 9 p. m., 105½. R. *Mur. ti. iron*, gtt. xv.; *arnica* o.

Mar. 18th. Erysipelas has extended to toes with considerable swelling of leg; worse on back; tongue less dry. Pulse, 100; temperature a. m., 104½; noon, 102½; p. m., 101½. R. same.

Mar. 19th. General improvement; sweats at night. Temperature a. m., 101; p. m., normal. R. same. R. *Verat. alb.* 2, gtt. x. at night.

Mar. 20. Wound suppurates freely; cauterized portion, nearly all sloughed out. Temperature a. m. and p. m., normal. R. same. R. *Atropia* 2; a powder at night.

Mar. 21st. Sweat last night as before. R. same. *Atropia* at night as before.

Mar. 22d. Sweat rather less last night. Pulse, appetite, temperature, all good. R. same.

Mar. 26th. A small growth of tumor appeared in a new spot in ulcer which was cauterized with

chloride of zinc and hydrastis paste to-day. R. *Arn.* o gtt. v. in water, as before.

April 6th. Applied adhesive straps to ulcer. Bowels costive. R. same.

April 7th. Improving. R. *Ars. iod.* 3.

April 12th. Ulcer is steadily closing and no re-appearance of growth. There is a protrusion at pierced edge of the ulcer under the skin which is hard and tender. R. same.

April 20th. Ulcer closing; is gaining flesh; costive; pain in bowels. R. *Ars. iod.* 3. R. *Nux.* 2.

April 21st. R. *Ars. iod.* 3, in water every two hours; omit the *nux*.

April 22d. A small nodule of the old growth in the same situation as before, and about the size of a pea; was to-day covered with the *hydrastis and chloride of zinc paste*. R. *Ars.* 30.

April 27th. Ulcer rapidly closing; has for last two days griping pains in abdomen; stools large but not diarrhetic. R. *Ars. iod.* 30.

April 30. Has no pain; doing well generally. R. same.

May 1st. Attending surgeon, Dr. Willis. Good appetite; complexion improving and has gained a little flesh. Pulse 76. R. same.

May 2d. Has diarrhœa with colic; griping pains in abdomen; watery yellow stool, mostly in morning. R. *Caloc.* 3.

May 3d. Had no diarrhœa until this morning again, when it began after breakfast; two stools this morning with considerable pain. R. *Caloc.* 30; *ars.* 30.

May 4th. Diarrhœa has ceased; has some pain yet. R. same.

May 6th. R. *Iod. ars.* 30, in water every two hours.

May 8th. Diarrhœa yesterday and to-day, early in the morning, with severe pain, like a colic. R. *Caloc.* 3, *ars.* 3.

May 9th. Better. R. same.

May 10th. Diarrhœa continues, but is less. R. *Caloc.* 30, *ars.* 30.

May 11th. Still has pain, but no diarrhœa. R. *Caloc.* 30.

May 12th. Sat up to-day and walked a few steps; the ulcer nearly closed; has some sharp pains in abdomen. R. same.

May 16th. Sits up daily and walks a little. R. *Iod.*, *ars.* 30.

May 20th. Has some diarrhœa this morning, also, last night. R. *Ars.* 30, *caloc.* 30.

May 21st. Diarrhœa less until 6 o'clock this morning, when she had two stools; griping pain in bowels. R. *Caloc.* 3.

May 22d. Has diarrhœa early in morning, and then no more through the day; griping pain with the stools; five or six stools in succession. R. *Sulph.* 30.

May 23d. Diarrhœa has ceased; patient's general appearance is much improved; skin has now a soft natural feeling, instead of the dry and harsh surface as formerly. R. same.

May 24th. Had two loose stools early this morning, with pain as before. R. *Sulph.* 6.

May 25th. Stool as before. R. *Apis.* 3.

May 26th. Slight improvement. R. same.

May 28th. Has no diarrhœa. R. same.

June 2d. A small sphacelated spot appeared yesterday at edge of cicatrix; a line of demarkation has formed; cauterized it thoroughly with *carbolic acid crystals*. R. *Ars.* 30.

June 5th. Spot less painful, does not seem inclined to spread; can walk with crutches now. R. same.

June 7th. Spot appears more like a small ulcer, and is diminishing in size; is painful at times. R. same.

June 8th. Experiences some pain from the drawing action of the cicatrix, more especially along the edge of the tensor vagina femoris.

June 9th. Still complains of drawing, stitching pains in cicatrix; the cauterized spot is disappearing.

June 14th. Sits up most of the day and walks about; the ulcer is almost closed, and there is no appearance of the growth in the cicatrix; considerable edema of the leg yet. R. same.

June 18th. Applied dry *salicylic acid* to ulcer.

June 19th. Patient well in every respect. Ulcer and wound entirely cicatrized.

(To be continued.)

THE FEVERS OF AFRICA — OLEUM TEREBINTHINÆ SUGGESTED AS A PROBABLE REMEDY.

BY C. HERING, M.D.

THE papers of all nations are full of laments about the frightful number of deaths among the scientific explorers of Africa.

Livingston, one of the most prominent, must have carried the *Sulphate of Quinine* in his vest pocket, like Frederick of Prussia did his snuff.

The fever attacked him no less than twenty-seven times during his famous trip from Kolobung to the mouth of the Sambesi; and from thence to San Paolo di Loanda. He says he was all the time near death's door in spite of the *quinine*, the last dose of which he took shortly before his death. He could not have been liable to the injurious effect of *Quinine*, not to have become lame, blind, deaf, or, according to the reports of the physicians of the Southern States, insane; he was hardened like the Styrians to the effects of the *Arsenicum*. The *Quinine* cannot be the remedy, else Livingston would not have had so many attacks.

We read that Mungo Park, on his second expedition, lost 39 from 44 whites, before reaching the Niger. During the expedition on the Niger, in 1841 and 1842, there died 48 out of 145, only 15 out of the whole number remaining free. While Tucker, in 1816 was on the river Congo, he lost 56. Henry Duveyrier made a list only of the prominent and distinguished explorers, without including the missionaries, who lost their lives in Africa since 1800, and it numbered 170: 74 British, 42 Germans, 35 French, 7 Italians, and 12 from other parts of Europe. They all were provided with gunpowder and *Sulphate of Quinine*. Could we not through the influence of the British friends of our school recommend a more successful treatment? All attempts made in Philadelphia, since 1833, to educate an African for Africa failed. All attempts to interest the missionary societies, by offering books and boxes free of charge, failed likewise.

Proving of African plants might have been obtained and the way prepared to save at least some of our enthusiastic explorers and our philanthropic missionaries.

We make quotations from Burton's report, allopathically very comprehensive, but homœopathically, of course, incomplete and insufficient, yet enough to enable us to offer a few hints. Our practitioners may be led to make useful suggestions, and our British brethren enabled to take the matter in hand in earnest.

Burton says he never was free from fever, and that hardening oneself is of no use. His astronomer, *Speke*, took the fever while exposed to the dew in taking observations on the damp sand.

The symptoms he gives are:

General lassitude; heaviness of the limbs; dullness of the head; nausea; acute pain in the

shoulders; cold creeps over the arms and legs; attacks of chill with neuralgic headache; burning in the face; enlargement of the veins; vomiting.

Patient cannot stand; eyes dull and burning; pulse labored and full; tongue thickly coated; unquenchable thirst; sleepless nights; tormenting anxiety and complete depression by day; delirious talk.

Bleeding always proves fatal.

Apparent improvement occurs shortly before death, but is soon followed by unconsciousness and rigidity.

Recovery is slow, and the patient is subject to relapses, *especially during the changes of the moon.*

The worst feature of all, and the most dreary, is that several have committed suicide during the fever. So the noble Von Barth, Dr. Dillon, the companion of Cameron, and several others.

Following Hahnemann's main rule we may suppose that a drug proposed for the fever ought to have this characteristic. The observation that bleeding always proves fatal, tells us that, no doubt, there is a want of the red blood-corpuscles. We, therefore, can only expect a cure from such a medicine as has a similar effect—that of lessening the red corpuscles. On reading the symptoms of the fever we are at once struck by the great similarity with *Rhus. tox Arsenicum*, and several other remedies, but not one of them has the "laborious full pulse," a very important symptom in such cases. Among all which, according to Von Granvogl, belong to the carbon-nitrogen class, there is none which lessens the number of the red corpuscles more decidedly than the *ozone*, at least, according to the famous experiments made by Thenard.

Now, if we consider that among all substances there is no one which absorbs oxygen with more eagerness, changing it into *ozone*, than the *oil of terebinthina*, and that it is a characteristic symptom of this oil that it has produced a tendency to commit suicide, and that according to Vogel, Nasse, *Bencke's Archives* of 1854, vol. I, p. 621-635, (a quotation contributed by my learned friend Dr. A. Koch), *ozonized oleum terebinthina* causes a full, frequent, laborious pulse. We need not look for a greater similarity. We have the three needful characteristics, taught at Allentown in 1835, and since, particularly re-

quisite in epidemics or endemics; one symptom taken at the beginning of the disease, one at its height, and one at the end—and we may trust such a drug will cover the whole; that is, will be both *like and opposite*.

A little bottle with *ozonized terebinthina* would not increase the bulk of the traveller's baggage much. A small drop on sugar may suffice for each attack, and ought to be tried unless something better can be proposed. The *ozonized oil of turpentine* may be obtained from any chemist, or may be made by travellers by exposing the common oil of turpentine in a partly filled bottle to the rays of the sun, frequently shaking the bottle.

We publish this as a problem for our school, and all journals are earnestly requested to take notice of it. If our African explorers and missionaries are freed from the horrible abuse of *quinine*, others may.

For the benefit of those who, like Teste, are inclined to give preference to plants indigenous to the country, the suggestion is given to prove the well-known *Zachum* oil from *Balanites aegyptiaca*, or, one of the *Zygophylla*, especially the *fetidum*; being related to *Guajacum*, they may have a similar inclination for *ozone*.

GENERAL PARALYSIS OF THE INSANE.

BY HENRY R. STILES, M. D., NEW YORK.

PART III.

DIFFERENTIAL DIAGNOSIS.—Most writers on insanity convey the impression that the diagnosis of general paralysis is extremely easy. *Bucknill* and *Tuke*, in their Manual, say, "it is of the most facile sort, after practical knowledge of the disease has been acquired." *Blandford* says about the same. But as this article is written for that large class of medical practitioners whose daily round does not often include such a case, we may venture, for their benefit, to express a doubt if general paralysis is, in all cases, as easily recognized as is represented. There are certain well-marked cases, easily diagnosed at sight. But there will be some difficulty in pronouncing *ex cathedra*, on such cases as: 1. A case seen during the exalted state, and unaccompanied by any history. 2. In some cases due to *sypilis*, in which we have quite an extraordinary simula-

tion of general paralysis.* 3. Some cases of *senile dementia*,† the grouping of whose symptoms are singularly like that of paralysis. 4. Some cases of *maniacal agitation*, with derangement of intellect.‡ 5. *Double apoplezia*.§ 6. *Epilepsy*;|| 7. *A tubercular meningitis*. 8. *Encephalitis*. 9. *Chronic and acute meningitis*. 10. *Chronic alcoholism*; all of which, when accompanied by physical symptoms—present groupings strongly resembling general paralysis.

ALCOHOLISM.—*Tuke* justly observes that, in many forms of insanity patients in general paralysis, "it is often extremely difficult to determine whether bouts of drinking are the cause or the prodromal symptoms of the disease. We do not infrequently meet with cases of *acute*, but transient insanity, presenting many of the features of general paralysis—in such we have the trembling tongue, the uncertain gait, and a certain degree of optimism and exaltation, which pass off on the withdrawal of stimulants." He further says, "I cannot resist the conclusion, that *acute alcoholic insanity*, occasionally, though rarely, strongly stimulates the graver disease."

**Tuke* considers the diagnosis, which must depend largely upon the history of the case, as easier than in the case of alcoholism. Mr. Bell has seen two cases of alcoholism chronicus, complicated with syphilis, which had been diagnosed by careful experts to be general paralysis—both having hyperemic retina, etc.,—which recovered under anti-syphilitic medication.

†*Hitzig* says: "To be perfectly candid, we must confess that there is not a single symptom which is so pathognomonic of general paralysis, that it may not be found also in *senile dementia*." Advanced age, lack of motor disturbances, absence of marked hemiplegia, and of the delirium of grandeur, would point to simple *senile decay*; which, also, in its course, is more regular; almost never accompanied by epileptiform attacks; and its apoplexies are accompanied by some permanent paralysis, if indeed they do not end in death. *Bucknill* says: "We have ere now experienced difficulty in distinguishing a case of advanced dementia with habitual hesitation of the voice from general paralysis. The absence of muscular tremors and debility in the lips and limbs, and the difference between mere vocal hesitation and the want of articulating power peculiar to general paralysis, decided the diagnosis."—*Bucknill and Tuke's Manual*, 459.

‡Particularly if accompanied by some paresis of the facial nerve.—*Hitzig*.

§*Bucknill and Tuke's Manual*, 461.

||*Tuke* (*Journal Mental Science*, No. 31) thus states the diagnostic difference between the epileptic fit of general paralysis and the real article: "The tongue is seldom wounded in general paralysis; and the tendency to sleep after an epileptic fit is very different from the entire stupor

Blandford (page 279) asserts that "the paralysis of *chronic alcoholism* occasionally resembles general paralysis of the insane, in the loss of muscular power and co-ordination, but differs in the mental symptoms, and in the non-impairment of the function of articulation," and says, "except for the absence of the stutter, the muscular deficiency may be the same, but the mental symptoms are rarely alike, and if you take a close investigation of the commencement of the disorder, its history and supposed cause, you can rarely make a mistake." But *J. B. Tuke* says that, "in many cases of general paresis we trace alcohol as its efficient cause, and stuttering speech and mental exaltation are found in *chronic alcohol insanity*."

In his opinion the diagnosis between alcohol and paresis "must depend on three conditions, which when occurring, or rather, concurring—in a case, may determine an opinion. When we have impaired reflex action; regular and normally sized pupils; and transient hyperæmia of the retina, we may diagnose alcoholism; when the converse conditions exist, general paralysis of the insane."† The color-test may also serve

which often follows the fit in general paralysis. The convulsions in epilepsy are more universal; in paralysis the arm or leg is affected, as a general rule, only on one side, though this is not constant. The principal pathognomonic difference, he states, to be that in paralysis, each fit, "however slight, is generally followed by an exacerbation of the mental derangement; which, from the first, is out of proportion to the disorganization indicated by the fits alone," in contrast to the slight damage inflicted upon the intellectual faculties, even by long-continued succession of epileptic fits. In epilepsy, the patient recognizes, anticipates, and dreads the fit; but in paralysis he never seems conscious or fearful of them.

*He tells of four such cases occurring within five years, all giving apparently unequivocal signs of general paresis, three of which are still alive in exactly the same condition as when first seen; the fourth having died of Bright's disease, three years after the incidence of the insanity, without developing any further symptoms of general paralysis. A fifth case, as it was supposed, has for many years past been entirely well.

† "The indication which weighs most heavily with me is the condition of the pupil and retina. If, after careful weighing of the history and symptoms of a suspected incipient case, we find contracted or irregular pupils, and, in ophthalmoscopic examination, hyperæmia of the retina, the weight of evidence leans towards general paralysis. If the pupils are unaffected, and the fundus of the eye is anæmic, even though there be some slight degree of atrophy of the discs, chronic alcoholism may be suspected and diagnosis made with greater caution." This is given as a general, though not an absolute, rule. "It is true that, occasionally,

to confirm the diagnosis.*

Hitzig has faith in the *memory test*, saying that "a patient who clearly states events in the past, and leaves enormous gaps in those of the last few days, is not likely to be anything else than a paralytic."

Pulse-tracings seem to afford us but little information in this disease. Almost every variety is found, from the high tension, as of Bright's disease, to the slow and all but monochrotic pulse figured by Dr. Thompson—but, in most cases, we find only a prematurely aged pulse; one due to degenerate vessels.†

The *urine* of general paralytics is also extremely variable, the specific gravity ranging from 1012° to 1040°, and with a general excess of urea and decrease of phosphates and chlorides.

We have noticed, in the cases which have fallen under our observation, the existence of unusually large abdomens. This may also have attracted the attention of others, though it is by no means a rule. The *muscles* of general paralytics seem to be, in the early stages at least, well nourished, and present no special peculiarity, but muscular reaction becomes more impaired as

in chronic alcoholism, hyperemia of the retina is observed, but this is curiously enough, only another guide to diagnosis, for in the withdrawal of stimulants, a marked improvement takes place in a month or six weeks, and recovery in six months; whereas, in a general paralytic, the retinal vessels continue hyperemic when the other symptoms of the disease have materially abated in intensity."

**Leber's*. This author says that, "in all cases of amblyopia dependent on alcohol, tobacco and other poisons, there exists a color scotoma in the field of vision, the centre of which is between the point of fixation and Mariotte's blind-spot. The scotoma is of horizontal form, its long diameter being horizontal. In its centre a red disc usually appears of a blackish or grayish color, and towards its circumference or at its centre, where the degree of blindness is slight, the disc appears yellow. In such cases a green disc appears yellow, but blue and yellow are distinguishable. The test is applied by causing the patient to gaze fixedly on a black spot marked on a sheet of paper, held a foot from the eye, and to move a colored disc to a distance, varying from a half to three inches from the spot, instructing the patient to state the variations in color produced by the change of position." In two cases of general paralysis, uncomplicated by alcoholism, observed by *J. B. Tuke*, and in which the state of the patients' minds did not preclude trustworthy observation, the retina was in a state of hyperemia and the pupils contracted—the red disc appeared very dark near the black spot, lighter as it was removed from it.

†*Report of Bethlem Hospital, 1874.*

the case advances.* It will be seen, therefore, from what we have presented, that, while the means of arriving at a diagnosis of general paralysis are not lacking, there is need of caution; and that a physician may occasionally prefer to defer his final opinion to a second, or even a third, interview with the patient. *Festina lente*, is a rule worthy of being observed at all times by a physician, in making both his diagnosis and prognosis. The public who employ us will not, ("in the long run,") undervalue our judgment, if they see that we are unwilling to risk its integrity by a hasty decision.

Clinic.

A CASE OF PELVIC CELLULITIS—POST MORTEM.

BY PORTER S. KINNEY, M. D.

WAS called, Sunday, March 25th, 1877, to see Joseph Pickford, æt. 11. He had always enjoyed good health with the exception of about three weeks, during which time he safely passed through scarlatina. I found him in bed, pulse, 112; pain in epigastrium; thirst for *small quantities of water*; slight diarrhoea. Prescribed *arsenicum* 3d.

March 26th. Pulse, 120; continued thirst; several attacks of vomiting; the pain in region of the stomach had lessened, but complained of distress in right iliac region. On examination found the right testicle somewhat retracted, being situated just *within* the external ring, but by manipulation could replace it. No pain at this point. He had two or three passages during the previous twenty-four hours, which were of a dark, tarry, and slimy nature; no pain connected with the stool; constant nausea was present. During the three days following symptoms remained the same; fever continued; pain in right iliac region continuous. The character of the substance vomited was watery, slimy, and at times bile could be detected. The bowels continued to move for three times daily, and of the same character.

March 29th. Fever less; pulse about 108; no constant pain, only upon pressure in right iliac

**The Bethlem Hospital Report* for 1874, says, "A much larger number of cells is required to cause muscular reaction, some bearing fifty cells without their muscles moving, or without giving any evidences of pain."

region, but the vomiting was now persistent, and becoming feculent. From this date forward the bowels ceased to act. At this visit tympanitis was present to considerable extent, and eructations were quite frequent.

April 1st. Pulse, 108; vomited five or six times during the day, which was horribly offensive (and having the *three* characteristics of *croton tig.* in diarrhœa): 1st, yellow; 2d, sudden expulsion; 3d, aggravation from food or drink, and the odor of a *carbo. veg.* stool, or *worse*.

The little fellow suffered but little, and aside from the attacks of vomiting, would lie and amuse himself with various toys.

Concluding I was now battling with a case of intussusception, twist, or fecal obstruction, I called in my partner, Dr. T. Y. Kinne, who at once advised hot fomentations, and *castor oil* as a cathartic. These appliances, together with soap and water injections, and *lyc.* and *nux. vom.*, given every half hour alternately, were administered faithfully and regularly.

April 2d. On visiting my patient to-day, I learned *something* had passed from him, and on examination of stool, I discovered a few globules of oil floating on the watery injection which had passed from him, being perfectly odorless. Considerable flatus was passed. These symptoms offered but little encouragement, but I continued the injections three times daily, all that we could possibly inject. The oil was repeated, and on April 3d, I was still further from shore, nothing had passed from him. The tympanitis remained the same, as there was considerable eructation. The vomiting continued about the same, four or five times daily, and of the same character. At this time he was taking beef tea, milk and a little water. His strength was remarkable; he would leave his bed and assist himself in urinating. *Plumbum 30*, was given, and I substituted *ox-gall injections*, and as a result of the first injection, a small amount of fecal matter was passed covered with mucus. This, together with the water injected, had all the natural odor one could wish, and I was encouraged.

April 4th. Not much change. The prostration was becoming well developed, vomiting less, but of the same character; some pain in right iliac region; tympanitis; tongue moist and clean. During the last few days, when sitting on his bed, he would frequently place his feet against me, straightening himself, and pushing with con-

siderable force, showing there was an effort on the part of nature to assist in this trouble.

On the second day of his sickness I found the testicle just within the external ring. At that time I questioned the mother in regard to the position of the testicle at birth. As she knew nothing of this, I was not positive but what the descent of the right testicle was the cause of the whole trouble, as it might, in its descent, bring down a portion of the gut within the canal. By digital examination and cough impulse I could detect nothing of this kind.

I at once telegraphed for our worthy and esteemed surgeon, Prof. Wm. Tod Helmuth, M.D., of New York city, who quickly responded. He found our patient with a pulse 102; temp., 98; able to answer all questions, and as a result of examination, decided there was no hernia. He suggested sweet oil injections once in three hours, and once in twelve hours to add a little ox-gall. Also, at his suggestion, *Valentine's Ext. of Meat Juice* was given, of which he took at the rate of one bottle in three days, with relish, and was the only nourishment that sustained life from this time on. No vomiting at this time. *Nux. 30*, was given in alternation with *lyc. 30*. These symptoms continued the same until April 12th, when vomiting commenced. I would state that on the evening of April 4th, (the day Dr. Helmuth was called,) about 7 p.m., he had a convulsion, after which he was much exhausted, but perfectly rational.

April 12th. Prostration very marked, stupor at times, less tympanitis, fingers greatly discolored, at times delirious.

April 13th. Hands and feet cold, and greatly discolored; stupid, inability to swallow, etc.

April 14th, 8 a.m. Perfectly rational, answering all questions. Took beef tea and medicine well, asking for his medicine when the hour was up. Vomiting commenced again five or six times during the day, very offensive, and same character as that of the first week; would cry out suddenly as though in pain; constant tapping of the abdomen with hands. There were intervals when he seemed to be perfectly free from all pain; would ask for his beef tea, and would ask those near him to sing, and would often join with them in singing.

April 14th, 3 p.m. A gradual sinking; vomited twice during the following night.

April 15th, 7 a. m. Death ensued, just three weeks from date of attack.

POST MORTEM.

The *post mortem* by T. Y. Kinne, M.D., A. B. Kinne, M.D., of Syracuse, N.Y., and myself, on Sunday, 5 o'clock p. m. On entering the abdominal cavity we found the intestines greatly distended and bound together, the result of adhesive inflammation. This condition existed throughout their entire length, making the operation tedious and protracted. Continuing, we found the stomach empty; and following the gut from the pylorus, we in time came to the fatal point. No intussusception, no twist or knot; no knuckle of gut in *internal ring*; neither did we find an accumulation of fecal matter, but at the lower portion of the ascending colon to within an inch of *cæcum*, and for about six inches the whole of the gut was bound down firmly by a species of net-work or band to the posterior portion of abdominal cavity. It was with great effort it could be loosened, and when perfectly freed from its bed, we found the canal was natural, no adhesive inflammation having taken place internally; and by manipulation we passed the whole contents of the intestines contained above this point, down through the point of obstruction with perfect ease, demonstrating clearly there was no internal obstruction. The intestines below this point were empty, and natural in size. The portion above the seat of trouble was greatly enlarged, and contained about two gallons of liquid, having all the characteristics of substance ejected. As to the cause, I only know that on Saturday, previous to the attack, he was unusually active: climbing, running, riding, etc.

ACUTE PARENCHYMATOUS NEPHRITIS.

(Reported by Bukk G. Carleton, M.D., of the House Staff, Hom. Hospital, W.L.)

P. G., æt. 37, admitted to hospital May 4th, 1877. Has been ill for two weeks. Cause, exposure and intemperance. Has a dry cough, aggravated at night, especially from 10 to 11 P.M.; expectorates a frothy sputa; sharp, shooting pains in the left side; respiration labored and hurried; dyspnea was so marked that he could not assume the recumbent position.

Physical examination.—Inspection, hurried respiration; palpation, negative; percussion, slight

dullness over both lungs, especially over the lower lobes. Auscultation, a few small mucous rales, most marked over the inferior regions of the chest.

Sordes on lips and teeth, tongue small and dry, along its median portion a blackish coat, and in protruding, its blackish, stringy mucus was seen extending from roof of mouth to the tongue; mouth dry and parched, constant desire for small quantities of water; appetite all gone, has eaten but little for the past six days; stomach sore and sensitive to manipulation; bowels constipated. Has dull pain in the lumbar region, and not aggravated when the muscles of the back are brought into action; urine scanty, high-colored, and frequent calls to urinate, which on examination, revealed pus corpuscles, and about one-half per cent. of albumen. Pulse, 120; small, weak, and almost imperceptible; œdema of extremities, hands cyanotic. R. *Ar-senicum* 30.

May 5th. Pulse, 104; tongue so dry that he could not protrude it; other symptoms about the same. R. same.

May 6th. Pulse, 102; tongue not so dry, and the sordes not so marked; has a diarrhœa, stools look like tar, and are very offensive, without concomitant symptoms. R. same.

May 7th. Pulse, 92; hands not so cyanotic; dyspnea greatly improved; diarrhœa of a yellowish color; calls to urinate are less frequent, pain in the lumbar region greatly improved. R. same.

May 12th. Pulse 84; cough troubles him but very little, expectation has all disappeared, and with it the pain in the side and dyspnea; tongue a little dry, thirst has nearly disappeared; appetite good, bowels regular, urinates less frequently, and more at a time.

May 17th. Pulse, 68; urine apparently normal, and contains no albumen; cough has entirely disappeared, thirst normal, sleeps well, physical examination of the chest discloses no abnormal condition, œdema of the extremities has all disappeared. R. same.

May 18th. Discharged cured.

SECOND CASE—AUTOPSY.

Acute Parenchymatous Nephritis, (second stage).—A. S., æt. 35; autopsy June 26th, 1877. Pericardium contained two ounces of fluid, the walls were apparently normal. Heart: concentric hypertrophy of left ventricle, right ventricular walls normal, valves in good condition.

Pleuræ: no adhesions, but about forty-eight ounces of clear, yellow fluid was found in either pleural sack. Lungs compressed, and on section found slight congestion and œdema; otherwise in a normal condition. Abdomen contained sixty-four ounces of fluid; liver, congested; spleen, normal; kidneys, enlarged; capsule non-adherent, and when removed the surface was smooth, of a yellowish color, and slight punctate congestion was noticed; on section there was found marked increase in the cortical portion of the kidney, which was of a yellowish-white color.

CLINICAL CASE.

BY H. H. TINKER, M.D.

WAS summoned on Sunday, Feb. 20th, to see patient mentioned in previous report, she being a lady thirty years of age. Found her in bed, complaining of great prostration, of soreness of throat and difficulty of breathing. Examined the fauces and found slight diphtheritic deposit on both tonsils, tongue coated, pulse 110, very restless, some cough, expectorating tough, stringy mucus. Prescribed *kali-bich.* and *bell.* in alternation.

On visiting the patient the following morning found her decidedly worse, having much difficulty in breathing; very weak and restless, pulse 120, cough continued, expectorating the same as the day before; the membrane in the throat had not materially increased, but seemed to be spreading downwards into the larynx and bronchial tubes; examination of chest showed slight dullness in upper portion of chest, with large mucus rales. Dr. Guernsey was called in the afternoon, and it was agreed to give her *iodine* and solution of *chloride of lime*, in alternation, special attention being given to nourishment.

This was continued until the next morning, when we called again and found the patient much worse, she sitting up in bed, shoulders fixed, laboring for breath, like one suffering from an attack of asthma; eyes protruding with a wild expression, face very pale, pulse was 130, and very weak; examination of lungs showed marked dullness in the upper portion, rales very abundant, membrane in throat had not materially increased, the tonsils and soft palate were well covered, and of a dark color and very offensive. A gargle of *carbolic acid* was ordered, and inhalation of the vapor of *slacking lime*; other-

wise the treatment was not materially altered. At night I called again and remained with the patient until morning, carefully supervising the lime treatment and nourishment. About four o'clock the next morning the cough became looser, and the membrane in the larynx showed signs of becoming detached, which it did at six o'clock, and came up, giving an exact cast of the whole trachea and the first division of the bronchial tubes. This relieved the patient for a time, when it soon became as difficult to breathe as ever, the patient losing strength very rapidly.

About 12 M. another attack of coughing came on, followed by the expulsion of another membrane, resembling exactly the first; and at four o'clock another membrane was expelled, making three membranes which were formed one after the other, and all expelled in the space of ten hours. After the expulsion of the third membrane the fourth formed, and the patient being so much exhausted was unable to battle with the disease any longer, and died from asphyxia.

NINE YEARS' WORK.—The Western Homœopathic Dispensary was established May 20th, 1868, completing nine years of active work in the great field of city charity, May 20th, 1877. During that time it has treated 99,780 patients, and given out 232,748 prescriptions. The amount of good accomplished by the faithful, earnest, intelligent work of the medical officers of the institution is beyond computation. It will be a gratification to the friends of useful charities to learn, by the Children's Carnival, inaugurated and carried to a successful termination by a few ladies, nearly three thousand dollars have been added to the building fund of this dispensary. In another year there is good reason to believe that the institution will be carrying on its great work in a building of its own, second in convenience to none in the city.

PROF. H. G. PIFFARD, in *The Medical Record*, proposes the following as giving best assurance of success in the treatment of *Lupus*. "The plan that I would recommend is to *thoroughly scrape out as much of the lesion as possible, and then to cauterize the floor and edges of the wound with the actual cautery at a white heat.* This mode is well borne out by statistics of course."

TO PRESERVE EGGS.—Rub them with linseed oil.

The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

KEEP COOL.

DR. THOMAS SKINNER, of Liverpool, a recent convert to homœopathy, and full of the zeal and enthusiasm which we see in all new converts, is getting a little excited over the discussion which has recently been going on in England, in reference to the union of the two great schools of medicine, upon a basis of education and liberty. A thorough and careful scientific and practical education being at the basis of the profession, upon which all must stand, it was thought by some that differences of opinion respecting the value and mode of application of certain drugs and other remedial agents, should form no barrier to the union of the two great schools, now spending about as much time in warring against each other, as in battling with the common enemy, disease.

In a profession so vast and far-reaching, stretching out its hands into every field of practical investigation, and grasping the truths of all sciences and applying them to its uses, and yet in which there is so much of uncertainty, so much that is problematic, and such a wide range for honest difference, it was thought by some few earnest minds, that more good could be accomplished by burying the tomahawk and directing the united energies of a great profession with that freedom of thought, liberty of action, and mutual respect always found among men of

science, to enlarging and strengthening the domains of the healing art, and submitting every fact and every theory to the touchstone of honest experience. Such, however, does not seem to be the position of Dr. Skinner.

Dr. Skinner's long and profound experience as a homœopathist—he having been a member of the school between three and four years—certainly qualifies him to speak in the most emphatic and positive terms to his brethren in the profession, some of them nearly as old in experience as himself. It is not their fault if they have not quite his modesty and sweetness of expression. Dr. Skinner, in a letter to the *Liverpool Daily Post*, distinguishes between "the true Hahnemannians, who would much rather die than be patronized, recognized, or received again into the allopathic body, and the mongrels who have given up some of the essentials of the homœopathic system; for instance, the infinitesimality of doses, and the doctrine that cures are never effected by contraries, and having long been retrograding towards allopathy, feel themselves so much akin that they cannot rest until they are absorbed into the main body of medical men. Let them go. Take them by all means. A blessed riddance. As for the Hahnemannian homœopathist, allopathy may come up to meet us; we can never descend to meet them, even half-way. I speak in my own name, and in the name of all true disciples of Samuel Hahnemann."

Whew! keep cool, brother Skinner. The excitement of your brain requires active treatment. Take a single dose of the one millionth potency of *lac-can.*, and keep quiet for a month, and then let us hear from you.

We are not aware that the homœopaths proposed giving up any portion of their principles, any portion of their faith, or turning their back upon truths brought out by their hard-earned experiences. As we understand the matter, the whole thing resolves itself into simply this: Gentlemen of the so-called regular school of medicine,

by your unwise, illiberal and unscientific course, you have driven us from your own ranks, compelled us to perfect an organization among ourselves, have accused us without cause of being sectarian, and blinded by the creation of your own imagination, refused to fellowship with us. The time has come when it makes but little difference whether you call us sectarian or not. You are rapidly becoming, like the old giant in *The Pilgrim's Progress*, who, when his power for mischief had passed, sat at the entrance of his cave gnawing the bones piled around him, and cursing in his weak and impotent rage the passers by. Hospitals and asylums are passing into our hands; and the record we are making, poor though it is, and so much less than it might be if the united and enlightened efforts of the profession were directed to a single end, is still so much better than yours, that we have never for a moment thought of going back to you, but stretching out our hands, ask of you, our old persecutors and maligners, to come up and stand with us on the broad platform of a scientific, practical, educated profession, under the flag of freedom, of thought, and liberty of investigation and action. Remember once for all, that the so-called homœopathic school, whatever may be the views of individual members, simply claim that the law of *similia* is a great, but not exclusive law of therapeutics, and should receive in teaching and practice the attention, and only the attention, which its merit demands. Out of this law, we think, is evolved almost as a necessity, a reduced dose, in accordance with the circumstances of the case; and a *materia medica* made up from a careful proving of drugs on the living organism, combined with pathological revelations and clinical experience.

We have no disposition to force our convictions upon any one, or hedge ourselves round by creeds or pathics. We are willing to stand side by side with all true, earnest minds; working with all the strength of our manhood, and all our devotion to the human race, for that pro-

gress which has in view the good of all. If you cannot stand with us, then stand where you choose, and history in after-time will write, with unerring pen, your verdict as well as ours. There is no occasion for either side to give up well-founded convictions in medical philosophy. Do away with creed, except as a matter of individual conviction; and let the only test of fellowship be scientific attainment, and those laws of social and professional intercourse which prevail among gentlemen.

Prophecy is not in our line, but it requires no prophet's eye to foresee and no prophet's tongue to foretell, that the time is not far distant when our profession shall become so catholic, that in spite of the bigotry of the few, and the cowardly trembling of others at the whip of organized societies, the strong, earnest, thoughtful men every where will stand out, independent in thought and action, bound by no sect, seeking and appropriating truth wherever it may be found, and dashing to the earth all sectarian trammels, be catholic in thought and catholic in action.

AMERICAN GYNECOLOGICAL SOCIETY.

At the recent annual meeting of this society, the president, Dr. Fordyce Barker, in his address, presented the claims of the medical department of gynecology in a clear and forcible manner. Without detracting in the least from the great value of uterine surgery, and giving full credit to the many brilliant and judicious operations which have been performed, he very correctly thought that uterine surgery had been cultivated almost to the exclusion, among a certain class of medical men, of the still broader field of medical gynecology.

While there is so much uncertainty regarding many questions in pathology and the exact value of symptoms, he believed it to be better not to perform operations, which at least was problematical, but to study the case and determine, if possible, whether the symptoms could not be

removed by correcting functional derangements of the pelvic organs, or of certain organs in other parts of the body. Since 1845 immortality has been sought by 142 men in the invention of a pessary, when doubtless more would have been accomplished for the relief of suffering and the preservation of the body had the same energy been displayed in the study of the circulatory nervous and digestive apparatuses of the body in their relation to diseases of the pelvic organs.

Dr. Carnochan, for twenty-two years connected as surgeon-in-chief with the largest hospital in the United States, who necessarily treated a great deal of uterine disease, a student of Lisfranc and Jobert de Lamballe, who walked the wards of the great Emery in the hospital St. Louis, with his preceptor Henry Bennett, the old editor of the *London Lancet*, and the author of one of the best works on the uterus given to the profession, repudiates in the strongest terms the frequency of surgical interference by the so-called gynecologists of the present day, asserting that the medical treatment followed by those great masters was attended by a success unknown to these gentlemen of uterine surgical prowess, as exhibited by their own statistical figures.

Dr. A. K. Gardner, no less brilliant as a scholar, than able and practical in every department of his profession, but especially in gynecology, and who died in the meridian of his manhood, a martyr to the bigotry and intolerance of the dominant school, hit the nail on the head when he characterized modern gynecology as "over treatment of uterine diseases." Not the less did he get at the real pith of the whole matter when he said, "far more attention should be given to the general treatment, and it should be remembered, what has generally been ignored, that the uterus is a part of the system, and not a separate body; and therefore its diseases are amenable, and often curable, solely by remedies applied to the general constitution."

It will be seen that our position in the July number of THE TIMES, in which we have taken

issue with some of the surgeons of the "*State Hospital for Women*," is precisely the same as that assumed by the president of the Gynecological Society, Dr. Carnochan, Dr. Gardiner, and the ablest men in Europe, who have given this subject the most thought and can point to the best practical results. It seems to us the only correct ground a scientific man can take. While surgical operations and mechanical appliances are at times absolutely required by the exigencies of the case, and when necessary should be used promptly, and with skill, yet there are thousands of cases thoroughly amenable to medical treatment, but which are now treated to the great detriment of the patient's health with the pessary, the knife, or the cautery.

THE DECIMAL SYSTEM OF WEIGHTS,

SO FAR AS CONCERNS PHYSICIANS WHEN
PRESCRIBING MEDICINES.

THE physician in prescribing and the druggist in dispensing medicines according to the decimal system, have to do only with the gramme and its decimal divisions; these divisions being carried, as a rule, merely to the one-hundredth parts of a gramme (centigrammes). This resembles our American monetary system of dollars and cents.

In all countries where this system is used, medicines, whether solid or fluid, are dispensed by weight alone, and never by measure.

One gramme - equals 15.432 Troy grains.
One centigramme " 0.154 " "

For practical purposes, these numbers are "rounded off," that is to say, the smaller decimals are omitted, and we estimate approximately—

One gramme - equals 15 grains.
One centigramme equals $\frac{1}{16}$, or about one-sixth of a grain.

Hence the physician who desires to adopt the Metric system in place of Troy weights, has only to follow two very simple rules, which can be easily remembered. These rules are:

1. Instead of every *drachm*, whether of solids or fluids, that he has been in the habit of prescribing by Troy weight, he will now prescribe *four grammes*; and instead of every *ounce*, he will prescribe *thirty-two grammes*, or, again, "rounding off" the numbers for the sake of convenience, "*thirty grammes*."

2. Instead of every *grain* or *minim* that he

has been in the habit of prescribing, he will now prescribe *six centigrammes*; since, as before said, one centigramme is equivalent to about one-sixth of one grain. In other words, if he wishes to prescribe one grain or one minim, he will write "gramme 0.06." If he wishes to prescribe more than one grain or minim, say five grains for example, he will multiply that number by six, and write ($5 \times 6 = 30$) "gramme 0.30," always taking care to express this in hundredths of a gramme (centigrammes).

These convenient approximations for the conversion of Troy into Metric weights, may be tabulated as follows:

APPROXIMATIONS.

Troy Weights.		Grammes.	Troy Weights.		Grammes.
gr. i.	=	0.06	℥ i	=	30.00
gr. xv.	=	1.00	℥ iv.	=	125.00
℥ i.	=	1.30	℥ viii.	=	250.00
℥ i.	=	4.00	℥ xvi.	=	500.00

As already said, fluids as well as solids are, according to the Metric system, dispensed by weight, and here lies a slight difficulty. A fluid ounce of water weighs less than a fluid ounce of syrup, and the above weights in grammes of fluids are intended for either water or a tincture.

In prescribing syrups or chloroform, each Troy fluid ounce should be reckoned at something more than thirty grammes—say forty; and if this be done, the difficulty of converting one scale into the other will be obviated. As to syrups, chloroform, etc., the following table shows the actual weight, in grammes, of each fluid ounce of the substances named:

Fluid Oz.	Water. (Grammes)	Tinctures. (Grammes)	Syrup. (Grammes)	Chloroform. (Grammes)	Ether. (Grammes)
℥ i.	29.52	28.00	38.00	43.70	22.14
℥ ii.	59.04	56.00	76.00	87.40	44.28
℥ iv.	118.08	112.00	152.00	174.80	88.56
℥ viii.	236.16	224.00	304.00	349.60	177.12

It is always desirable that patients should be furnished with accurate glasses of measure. In the absence of such, a teaspoonful may be reckoned 4.00 grammes, and a tablespoonful as 15.00 grammes.

SEDIMENT IN WATER CISTERNS.—It is a mistaken idea that a cistern should only be cleansed when the water becomes offensive. The cistern should be cleansed every year, and unless this is done there is always danger of the water communicating disease.

DYSPEPSIA.—Sir Henry Holland advocated the anointing the harsh, dry skin of dyspeptic patients with warm oil.

Correspondence.

LOCAL APPLICATIONS.—SUPPRESSED NEURALGIA.

BY E. R. GREGG, M.D.

(Continued from page 92.)

To the Editors of THE TIMES.

Gentlemen:—I resume the consideration of suppressed neuralgia, and first present several other important cases arising from suppressed toothache, before proceeding to other branches of this subject. One of my California cases was as follows: A lady, fifty-six years of age, consulted me in regard to a severe pain in her left side, from which she had been suffering several years, and wished me to examine her heart, she fearing there was serious disease of that organ. Auscultation did not reveal any disease there, but did show chronic congestion, if not actual hepatisation of the lower lobe of the left lung. I then obtained from her the following history of her case: Five or six years previously she suffered at times for several months from neuralgia of the teeth. Physicians advised the extraction of the teeth, and she finally had several drawn. Immediately thereafter the pain in the lower part of the left lung commenced, and had continued in greater or less severity to the time I saw her. She lived at the East, and after suffering one or two years with the pain in the chest, and losing much in flesh and strength, she was advised to go to California, where she had been three or four years without obtaining any relief from the climate; but thought she did, temporarily, from whiskey, which she had been advised to take, and which she drank to excess. Thus we have the old story over again, trying in vain to remedy one wrong, or violation of nature, by resorting to another as great, or greater. And it is in this, and many other ways, that far too many medical men are only fastening the roots of disease deeper and more firmly in the human constitution, instead of putting forth every effort to permanently eradicate it from those attacked, and cut off its transmission by inheritance to posterity.

On my way home from California I found the following horrible record of a case, given in one of the daily papers:

"OSWEGO, N.Y., April 22d, 1876.—Near the

village of Mexico, in this county, lives the widow Stansberry, who for ten years has been bed-ridden of nervous disease. Her daughter Martha, aged nineteen years, lived with her and took care of her. In October last Martha was taken sick with neuralgic affection of the face and head, and supposing it proceeded from diseased teeth, she went to the village and had them extracted. Soon after she returned home she was taken with excruciating pains in her left side, just below the ribs, which were so severe as to throw her into convulsions, of which she had as many as one hundred in twenty-four hours on some days. From her side the pain went to her chest, and thence to her throat, and then she had difficulty in swallowing.

"From the 20th to the 27th day of February, she took about one table-spoonful of cream each day, and no other nourishment. With each administration of this diet the patient went into convulsions. On Sunday, February 27th, the last successful attempt was made to introduce food into her stomach. On that day the convulsions were so violent that death seemed to be imminent. The sight or smell of food produced spasms, and it became necessary to avoid presenting food to her for a time. At this stage she seemed to lose the senses of sight and hearing, and also the power of speech, and she remained for three or four days in a state of partial coma, after which she revived sufficiently to write her desires on a slate. For the three weeks succeeding the 27th of February she wrote constantly on her slate about her suffering for food; but when food was offered her the convulsions returned. In these three weeks she slept but very little, and was in a state of high nervous excitement, sometimes ordering her attendants from the room, as she could not bear their presence. At the end of the three weeks she became very quiet, and slept regularly and well. For three or four days at a time she was apparently blind, deaf, and speechless; and then she revived for a short time. At the end of this period (the three weeks) her physicians, Drs. Heaton and Huntington, of Mexico, began to treat her with hyperdermic injections, introducing medications into the arms, and bathing the chest, stomach and abdomen with milk and beef broth. After this, bread and cake were placed in her hands; she sometimes attempted to put food into her mouth, but all attempts to eat were useless. At

that time she was able to talk, and said she would not be able to eat again. When asked why, she said she did not know, only she never could.

"From the beginning of her sickness till her death, on Tuesday last, April 18th, the attendants were obliged to fan her continually; when the fanning stopped she seemed to cease to breathe. Before her death she was conscious, but had been unable to speak since the previous evening. She had then lain fifty-eight days without taking a particle of nourishment into her stomach, not even a drop of water, her only means of sustenance being the absorption of the milk and beef tea, the bathing in which was continued to the day she died. Drs. Heaton and Huntington made a careful *post mortem* examination of the body. No disease of any kind was revealed. Miss Stansberry had previously been a perfectly healthy girl. She weighed about one hundred and sixty pounds when taken sick, and after death weighed not less than one hundred and thirty. The physicians think that death resulted from extreme nervous prostration rather than starvation. Drs. Heaton and Huntington, and other trust-worthy physicians, say the medical records show no case of the kind."

This case, be it remembered, is not one of my observing or recording; but its terrible symptoms were just as much the result of a violation of a simple law of nature as any I have given or shall give. It is distinctly stated that the victim "had previously been a *perfectly healthy* girl;" that "she weighed about one hundred and sixty pounds when taken sick;" and that "no disease of any kind was revealed" by "a careful *post mortem* examination." It cannot, therefore, be said that there was congestion of any part of the brain or spinal cord, or any morbid growths in any portion of either, causing pressure thereon, to account for the neuralgia in the teeth in the first instance, and the continuance of the disease after they were extracted; for nothing of the kind existed, as is so positively stated. The entire result was simply and only due to the suppression of the neuralgia from the teeth and face, by the extraction of the former, and the transfer of the irritation to the more vital nerves, or to nerves governing more vital organs and parts of her system, and all through violation of natural law.

Many, if not most, of my own cases, seem to

sink almost into insignificance in comparison with one so terrible in its results as this, and one would think its details of awful sufferings would be sufficient to arouse sympathy in the most stolid, and arrest any man's hand who may attempt hereafter to extract teeth, and that, too, out of simple pity for whoever might be the next victims, even though they should be few and far between. And when we reflect that, under the law, none can escape worse conditions and sufferings of some kind, arising sooner or later, than those they seek to remedy by extracting teeth, can there be a question that this practice ought to be stopped henceforth and forever? We know no danger to life can arise while the disease remains in the teeth, and that relief comes in almost all cases, naturally, in from one to two weeks, by the outlet and entire riddance from the system of the diseased matter which caused all the trouble, and which must cause far greater suffering and danger in all cases, when prevented from being discharged at a non-vital point, as nature designed. In cases of pure neuralgic toothache, that would not go on to the formation of abscesses, the sufferers are proper subjects for a careful internal medical treatment, and their disease should only be remedied in that way. And, indeed, those in whom abscesses do form, (nature herself performing the main part of the cure), can, with safety have relief, and many, if not all, should have it, at least from the more severe sufferings, by the judicious internal administration of the proper homœopathic remedies. These will often safely hasten suppuration, as well as mitigate the severity of the pain.

Such is the fruitfulness of this field, if men will use only ordinary care in looking for results, that since I commenced writing this series of articles last July, the following very important cases, among others less prominent, have come to my knowledge:

A large, strong man, previously very healthy and robust, had two teeth extracted twenty years ago, after suffering from neuralgia in them for a few days. Immediately upon the extraction of the second tooth he fell in a fit, resembling epilepsy, and has had recurrences of like attacks at intervals of a few weeks or months ever since, which have rendered him nearly unfit for business all this time, though before that he was a very prominent business man. He had

never before had anything similar, and had never been sick of any serious disease.

On reading this case to one of our ablest lawyers, he interrupted me and stated that it recalled a case that came under his observation twenty-five years ago, and which he had never thought of since, till now. He was in the office of his brother, who was practicing dentistry in a neighboring state, when a most athletic man, of iron constitution, came in suffering from toothache. The tooth was extracted, and the man fell instantly from the dentist's chair upon the floor, in some kind of a fit, in which he remained unconscious, and apparently as dead as a stone, for a long time before they could bring him back to consciousness. What became of the man afterwards he did not know, but had the result been followed, no doubt, another blighted life of a strong man would have been recorded. And thus it is that the proof is found everywhere when we look for it.

Another case was that of a lady about sixty years, who was represented to me as having never before been sick, and possessed of a powerful constitution. She suffered for some time from pain in the teeth, several of which were decayed, and had them extracted. Soon after that she lost appetite and strength, gradually failed in other ways, and died within two years, from a general breaking down of her whole system.

A fourth case was that of a pale, emaciated, haggard, nervous lady, with wild staring eyes, who consulted me last December for great disturbance of her mind, under which she said she was in constant apprehension of some impending calamity about to befall her; and yet she realized fully that there was nothing in her position or circumstances to furnish the least ground for her fears, but she could not rise above them. After due investigation I learned that this condition of mind had existed a year or two, and commenced almost immediately after the extraction of two or three teeth; that it had never manifested itself before, and had gradually grown worse from that time. She also suffered considerably from pain in the left side, and her throat and lungs were quite irritable, all of which had arisen since the extraction of the teeth. And if medicine finally saves her from insanity, or consumption, whichever she may at last most strongly tend to, it will be a most fortunate thing

for herself and family, and a happy correction of the grave error that had been committed against her vital powers.

Here I must rest from this class of cases, not, however, from want of material. There are several others of interest and importance that I want to give, but neither time nor space permit. It seems to me, indeed, that had I kept accurate records of *all* the cases, both mild and severe, that have come under my own individual observation, where serious results have followed the suppression of toothache, it would equal in length all I have written upon the subject of metastasis and suppressed diseases, since I commenced this series of articles. And all this is without saying one word of numerous cases where the cure of chronic diseases of various kinds, but more especially those of the lungs, (the first cause not being so clearly suppressed neuralgia), has been followed by teeth ache and abscesses in the gums or cheeks, whereby the disease was finally wholly eradicated from the patients' systems. And right here I must urge physicians, with all the energy I can command, not to interfere to suppress, or wrongly arrest, a toothache; or, for that matter, any other diseased condition that has arisen in any *non-vital* part of his patient's system, in the process of cure of more serious diseases, no matter whether this is brought about by his own successful ministrations, or through nature's powerful reactive efforts, which are so constantly struggling to save our vital organs intact. Woe be to the patient (ought not the infliction to fall upon the one who is really guilty?) whose disease is thus repressed, and forced back upon the vital organs, to result often in protracted suffering, from some of the worst forms of disease, and always, sooner or later, in death! He who cannot appreciate the strong ties, the nice dependencies, and the keen sympathies existing between all organs and parts, and through this, if in no other way, rise to the consideration of the system as a *whole*! or fails to see that disease *cannot* act with its full effect upon the vital organs, when its forces are scattered to non-vital parts, and cannot also see that such attacks of the latter are the surest evidences that the disease has been baffled and is about to yield its supremacy to returning health, should seek some other occupation, and no longer have the responsibility of human life depending upon him.

If I am told that thousands, or even hundreds of thousands of people, have had teeth extracted, and thereby been saved much suffering, without any bad effects, my answer is, the *results have not been followed* to know what did arise from a violation of the law. For it must be remembered that this branch of our subject is under the dominion of law, as already stated, just as much as is the suppression of small-pox; and there can be no escaping the consequences in the one case more than the other, excepting that they are postponed longer in some cases than in others. As asserted at the outset of this series of articles, there are no exceptions to the laws of nature, and the penalties for their transgression. Then it behooves us, as the guardians of the health of our race, to look most diligently and candidly to see and know what those consequences may be in any and every part of the human system.

How many, even among the best observers, have ever thought that palpitation and enlargement of the heart, apoplexy, epilepsy, sciatica, (convulsions, one hundred in twenty-four hours; blindness, deafness, speechlessness, coma, paralysis of the organs of deglutition, etc., and through these a horrible death, as in the case quoted;) mental derangements and coughs, to say nothing of pains in the chest that may lead to congestion and abscesses, and possibly to a deposit of tubercles in the lungs; how many, I repeat, have hitherto thought that all such, and even more, could possibly follow, and stand in the relation of effect to cause, from the extraction of teeth, for the relief of disease that may arise in them or their nerves? Few, very few, indeed I fear, or we should have had many warnings ere this. But such I have no hesitation in saying are the *FACTS*; and the more observations that are taken the more conspicuous and important will those facts be made. And not only that, but other diseases of the nervous system, as fully-developed insanity, epilepsy, paralysis, etc., now little thought to have any connection with the suppression of toothache, or an origin in what may be called so trivial a matter, will sometimes be found to have their true and only cause in that.

Any physician, no matter how great his practice, has a very limited experience as compared with that of the whole profession, and yet how much I have seen in my humble way, to prove all I claim will, I trust, be pretty fully attested before

closing the record of what I have actually seen of the bad effects of suppressing disease by local applications. And if one has seen so much what an appalling, horrible portrayal it would be to have all the misery wrought in that way, clearly brought home to our fullest comprehension.

Numerous as I claim are the cases of serious consequences arising from extracting teeth, or otherwise suppressing the neuralgia in them, they are not near as numerous as they would be but for the fact, that nature is constantly on the alert to either force the suppressed disease into a *dormant* state in the system as long as possible, or off upon some other non-vital part, or back again into the same teeth, after a time, if not drawn, or into others if they have been, and thus save more vital structures. Indeed, teeth ache is often, if not always, in the first instance, the result of some other suppressed diseased condition, and of our vital powers forcing the morbid matter away from the vital organs to save these, and off through parts where serious harm cannot be done, as already several times stated; and when thwarted in this kindly effort they, the vital powers, still put forth every energy to save us by one of the methods above named, and often succeed, if none of life's centres have encountered serious assault before. But successive repressions will finally bring the fatal issue where this does not follow in the first instance.

The fact must not be over-looked, that in full two-thirds of all the cases given under this head, the victims were persons of naturally the strongest constitutions and in the full vigor of health, with the bare exception of toothache, so that the results cannot be attributed to enfeebled or tainted systems, instead of to their true and only cause, namely, the *suppression of neuralgia*.

(To be continued.)

Dear Dr. Hills:

Would it not be a good plan to review some of the cases of treatment reported in our journals? I would like to call your attention to one reported in the July issue of THE TIMES, by Clarence M. Conant, M.D., on "*Similia Minimis*." Whilst the remedy was well selected the first error in treatment was in the too frequent repetition of *hyoscyamus*. One dose dry upon the tongue, with me in similar cases, has restored health gradually. The medicine was well suited to the mental symptoms, and probably to the

whole case; and in my opinion, the swelling of the cervical glands would have entirely disappeared under the use of *hyoscyamus*. True, the symptom codex does not give glandular swellings under *hyos.*; but Bönninghausen, in his clinical experience, gives it as one of the remedies. In all probability had the *hyos.* been allowed to act, and not too frequently repeated, it would have cured the case without any of the complications mentioned. The case was certainly doing well under *hyos.*, when (error No. 2,) its action was suddenly interfered with, by giving *merc.*, contrary to the advice given by Hahnemann in his *Organon*.

Some years ago I had occasion to prescribe for a child whose symptoms clearly indicated the use of *cina.*, excepting a large swelling of the cervical gland. This latter symptom being of no vital importance, I gave *cina. 2c.*, a few doses, till I saw an improvement of the symptoms, and then ceased all further medication. In a few days the child was well, and the cervical glands gradually regained their normal condition. Now, there is no swelling of the cervical glands mentioned under *cina.*, either in the symptom codex or in Bönninghausen. Hence, I have learned by observation, that swelling of the cervical glands disappear under the use of *cina.*, when the other symptoms correspond with this remedy. In this way we can improve our knowledge of the *mat. med.*

I have learned by bitter experience to observe more and more closely the rules of Hahnemann in the practice of my profession, and the more strictly I observe them the better results I obtain.

I well remember a similar case of insanity as that to which the doctor refers—similar apparently in every respect—"would not take medicine," "I wished to poison her," etc., etc. I contrived, with much difficulty, to drop a few pellets of *hyos.*, 1st, upon her tongue. She got but this single dose, for improvement was manifest in a couple of hours; and in a few days, say eight or ten, she was restored to perfect health. I wish to call the attention of the profession to a closer study and application of Hahnemann's *Organon* in the use of the *mat. med.* The *Organon* is the *great* text-book of the healing art.

I would like to say a few words in relation to an article by E. J. Whitney, M.D., (Laryngoscopist to the Brooklyn Homœopathic Hospital,) which also appeared in THE TIMES. If that gen-

tleman would more closely study that *great* text-book to which I refer above, and would follow its precepts more faithfully and unflinchingly, he would discover as he progressed, that throat diseases do not require local applications, but will yield far more kindly to the beneficent influence of the properly selected homœopathic remedy. Those pharyngeal tumors to which he refers, are far more easily managed by the well-chosen constitutional remedy than the galvano-cautery, or any other topical application that can be invented; so also, abscesses of the pharynx, acute pharyngitis, etc., etc. He has skillfully portrayed the use of a few remedies in these serious diseases which are of practical importance, but the number is *wholly* inadequate to meet the exigencies of all cases. If we have a *materia medica*, why not use it to its fullest extent; particularly when there is provided for its use such an unerring law of cure as that clearly laid down and expounded in the most *valuable* of text-books, Hahnemann's *Organon*?

Most respectfully,

H. N. GUERNSEY.

To the Editors of THE TIMES.

THE Report of the Bureau of *Materia Medica* at the late meeting of the "American Institute," is one of unusual interest. There is one point in connection with it that seems worthy of special notice. The chairman, Professor Wesselhæft, endeavored to procure an accurate re-proving of *carbo. veg.* As one means to this end, he supplied a number of provers with powders of pure sugar of milk, to be taken for a considerable time before "medicinal" triturations were employed. The symptoms were carefully noted, and the provers were in ignorance of the substance they were taking. The result is startling. *Nearly a thousand symptoms* were developed in healthy subjects, by the continued use of *sacch. lact.*

Some of these were of considerable severity, as the following:

"Faintness at the stomach; dry mouth; belching of wind; hot pain in abdomen, with flatulence; burning pain in rectum; diarrhœa, with pain in abdomen; chills; flushes of febrile heat, with perspiration." And again, in another prover, "swelling of lips and jaw; watery mucus from the posterior nares; throbbing pain in forehead; deep-seated pain over the symphy-

sis pubis; drawing down of umbilicus; menses thin and fœtid; leucorrhœa and bearing down; heat of vulva; profuse yellow leucorrhœa."

Dr. Wesselhæft calls these "non-medicinal symptoms." I respectfully submit that this is an unwarranted assumption. Has the doctor forgotten the symptoms obtained from *sacch. alb.* some years since, by the Wise Men of Philadelphia?

Are not the symptoms above enumerated *prima facie* evidence of drug action? What test can he have employed to exclude these symptoms that would not vitiate half the provings in our *materia medica*? With *lac. caninum* in the twenty-millionth dilution, recognized as a medicine, how can he venture to call *any substance* "non-medicinal?"

The professor tells us that, in case of those provers who took the charcoal trituration *after* the *sacch. lact.*, the last symptoms corresponded closely with the "non-pathogenetic." Hence I am unable to see why the sugar of milk should not be regarded as the medicinal agent in this experiment, and the *carbo. veg.* as the inert substance. It may be urged against this view, that its acceptance would destroy the value of all provings made with triturations of sugar of milk. On the contrary, it is not possible that the provings may explain the well-marked symptoms hitherto ascribed to such apparently inert agents as *silicia*, *natrum muriaticum*, *alumina*, etc.

All students of Horney's admirable series of *Materia Medica Cards*, will recollect that *savory* and *succulent* symptom, put down under *alumina*,—"Leucorrhœa running down to the heels of the stockings." By a glance at the symptoms produced by *sacch. lact.* alone, we shall find profuse leucorrhœa to be a very constant complaint of the provers. And if we could imagine one of the provers to have been very short legged, and also filthy in her personal habits, there is no reason to doubt that she would have recorded this symptom in the elegant terms above quoted,—which the Chicago Solon takes a chaste delight in enunciating to his class.

This subject is manifestly one of vast importance, and transcends in interest any occurrence in homœopathic experience since Finke discovered his patent method of washing bottles. Its further consideration I leave to men more profoundly versed in *materia medica* and provings than I ever hope to be.

Let the fiery, untamed Lippe, leave the castigation of Hughes, Pope, and the other base pretenders, to homœopathic illumination; and throw the whole vigor of his gigantic intellect into the discussion and elucidation of the medicinal action of milk sugar! Let Swan and Finke give us the 20th of *saccharum lactis*! I firmly believe it will compare favorably in clinical results with any other remedy in that dilution.

A "new remedy" is upon us! Let us watch and pray.

ROBERT C. SABIN, M. D.

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Reports of Societies.

HAHNEMANN ACADEMY OF MEDICINE.

(Reported by Clara C. Plimpton, M.D., Rec.-Sec.)

DR. THOS. WILDES showed a patient with ingrowing toe-nail, which was progressing very favorably under *magnetis-polus-australis*. The case was interesting from the fact that the father of the patient is similarly affected.

Dr. Swan said the symptom of the proving was, "sensation as if the toe-nail was growing in."

Dr. Alfred K. Hills said it was quite *apropos* at this season of the year to call the attention of the members of the Academy to a consideration of the affection familiarly known as *hay-fever*, some observations relating to which he desired to present, but he would not reiterate the *general* etiology and pathology already so well-known any further than was necessary to the elucidation of the points in question. In his opinion individual idiosyncrasy is too lightly regarded in the consideration of cases of this character. If we will practice either prophylaxis or cure, our individualization must reach beyond the simple question of the remedy, and consider the constitutional dyscrasia upon which the susceptibility is dependent. Very few organisms are susceptible to the pollen of *anthoxanthum odoratum*, *lolium italicum*, *maize*, or even to the influence of dust, or *penicillium glaucum*, but some are affected in a marked degree, and experience therefrom most unpleasant symptoms. Zuelzer says, "the general symptoms are not characteristic: some patients are disinclined to work, being easily exhausted; some are prevented from sleeping by a rapid stream of thoughts, * * * fever especially if complicated with asthma, pulse frequent and full, skin hot and dry, chills;" and with this com-

pare from the pathogenesis of *bryonia alb.* as follows, viz.: "Great weakness and exhaustion, shunning all motion. Sleeplessness on account of uneasiness in the blood and anxiety; the thoughts crowd upon one another. Chilliness, frequently with heat of head, red cheeks, and thirst; pulse full, hard, tense and quick; dry, burning heat." *Organs of respiration*: frequent sneezing, fluent coryza, watery or greenish; asthma, with desire to breathe deeply, which occasions sharp, stitching pain, "and with other concomitant symptoms we shall find the complete picture of this drug in some cases." Amongst the causes which he has observed to promote this susceptibility, were *sweets, acids, salt*, and other strong tasting articles of diet.

SWEETS were placed in the front rank, as he considered their use the most frequent cause. He also believed that those persons who subsist largely upon non-nitrogenous food are far more apt to develop catarrhal symptoms than those who habitually partake of a reasonable quantity of nitrogenous. In the treatment of *hay fever* the diet is of the *first* importance. Saccharine articles of diet should be *rigidly* forbidden, if we would prevent, ameliorate, or cure this sometimes tedious affection. The cases which are dependent upon this cause more frequently require *sulphur* as a remedy, either as prophylactic or to cure, and presents more or less complete the following picture: indisposed to every thing (work, pleasure, talking or motion;) rush of blood to the head; heaviness and fullness, must lie with the head high. Photophobia, conjunctival inflammation, with acrid, *gluey* lachrymation, often agglutinating the lids; fluent burning or bloody coryza, most free in open air, the close room is frequently unbearable. The appetite may be either craving or entirely wanting, and in the latter case most likely violent thirst. A symptom which is quite common with this disease is the "alternation of constipation and diarrhœa," and in such cases we may compare *sulph.*, *nux. v.*, *ant. crud.*, and perhaps others.

When complicated with asthma, to expect relief from *sulph.* we should look for the following: Pain through the left chest to the back, increased by talking, which is very fatiguing, and often causes rawness of the chest and coughing; breathing oppressed, especially at night, particularly in the close room, and very often coarse mucus rales are heard; coughing or deep

respiration causes pain in the head and chest, *comp. phos., sulph.*, patients are characteristically worse from lying in the back. When the individual idiosyncrasy manifests itself in a craving for acids, or when these articles have been taken in an immoderate degree, then we should look first at *hepar. s. c.*; and secondly to *puls.* If we turn to the symptomatology of *hepar.* we shall find ourselves borne out by its pathogenesis in this direction. Under this remedy we find our patient irritable, anxious and sensitive to the slightest draft of cold air, (and in this connection, particularly in affections of this character we must compare *natrum. carb.*) photophobia, profuse acrid lachrymation, very often spasmodic closure of the lids, and in this respect the remedy rivals *arsen.* and *rhus.*, although under *hepar.* the tissues are much more sensitive to touch as well. "Coryza with inflammatory swelling of the nose, painful as from a boil; also with cough." Hoarseness, and wheezing respiration. "Pulse, hard, full, accelerated; violent pulsation of the carotids, starts from sleep, feeling as if about to suffocate." *Arsenicum alb.*, or some of its combinations, as with *iodine*, will be found of the greatest service, especially in those persons habituated to taking salt in excessive quantities. If the case be a typical one we shall expect to find more or less complete the following, the symptom of FEAR or dread of the disease becoming serious or fatal bearing great prominence. "Anxiety; restlessness, compelling constant change. Throbbing pain at the root of the nose. Wraps head up warmly." Pulsating stitches in the eyes; photophobia, spasmodic closure of the lids; acrid, burning lachrymation, dryness of the mouth, with constant desire to moisten it. "Respiration short and anxious, *asthmatic*; must incline the chest forward; aggravated when ascending steps." The cough and oppression of breathing is much increased when lying down. "Pulse accelerated, weak or irregular; sleeplessness, especially after midnight." Burning heat predominates, but sometimes we find chilliness with clammy moisture. "Want of disposition to do any thing, and constant inclination to rest," (characteristic both of the disease and the remedy). I have prevented the usual access of the affection in a number of cases by the use of *nux. vomica*. These patients are always talking anxiously about themselves, and inclined to irritability and over-sensitiveness. "Disinclination

to work, and great lassitude or weakness in the morning;" vertigo, especially on stooping; photophobia worse in the morning; burning and smarting as from salt in the eyes. Nose sensitive to strong odors; coryza dry at night; fluent, acrid by day; sneezing, early in bed; suffocating attacks, especially after midnight; short, slow stridulous breathing; cough, dry, fatiguing; pulse, hard, full, accelerated; chill at night; alternate constipation and diarrhoea. To these add the well-known gastric hemorrhoidal, etc., symptoms of this drug, and we may feel sure of results that will be satisfying.

Mercury is certainly a remedy related to the dyscrasia upon which some of these cases depend. Its symptomatology presents a striking similarity to that occasionally met with. Anxious and restless, worse evening and night, with profuse sweat; profuse, acrid, burning lachrymation, often with blepharitis eil; coryza fluent, corrosive; much sneezing; easily bleeding, scurfy; nose red, swollen, shining; rawness and burning in the throat, and increased glandular secretion. Desire for sweets, but they disagree; dyspnoea from exercise; stitches through lower part of right lung to back; awakens with trembling at the heart; pulse full and accelerated; chill not relieved by warmth.

The *chin. sulph.* and *ac. carbol.* have been used in the form of a spray or by means of the nasal douche, and discarded as useless for lack of favorable results. No agent topically applied has ever been found possessing the power to prevent the sensitiveness of the mucous membrane to the presence of the pollen, and simple agents, as pure soft water or milk, are as good as any, and perhaps the best agents with which to remove these irritating foreign bodies from the sensitive tissues with which they are in contact. Our only means then lie in the constitutional modes presented us in the form of diet and medicines, and these must both be individualized if we would practice either prophylaxis or cure in a disease in which the old school claim that the "treatment is still powerless against."

PROF. R. LUDLAM is a member of the Illinois State Board of Health, and Dr. L. Dennis, of Newark, of the New Jersey Board. Thus our school is steadily gaining in representation in places of trust.

ONONDAGA CO. HOM. MED. SOCIETY.

At the annual meeting of the above society, Dr. Greeley, the retiring president, delivered his annual address, briefly reviewing the history and work of the society since its organization in the late Dr. Clary's office, December 3d, 1863, and closing with a touching and merited tribute to the memory of Dr. C.

The following officers were chosen for the ensuing year: Dr. Wm. A. Hawley, *President*; Dr. J. G. Bigelow, *Vice-Prest*; Dr. H. V. Miller, *Secretary and Treasurer*; Dr. Bigelow, S. Seward and G. H. Greeley, *Censors*.

The new president, Dr. Hawley, presented a brief paper controverting the statements made in a paper presented at the previous meeting of the society, that the pelvic muscles do not maintain the uterus in its place; and that "there is no drug known to any man of any school of medicine that will produce anteversion, retroversion, inversion or prolapsus of the uterus." Against the first proposition, Dr. Hawley cited the teachings of Gray, the anatomist, and Caseaux, the obstetrician. In reference to the latter he called attention to recorded provings of some of our homœopathic remedies, such as *bell.*, *conium*, *lil.*, *tig.*, *pod.* and *platina*, etc.

Dr. T. L. Brown, of Binghampton, addressed the society, by invitation, on the superiority of specific or constitutional treatment of disease over local treatment.

Dr. Stevens, of Scranton, and Dr. Doane joined in the debate which followed.

Medical Items and News.

HOM. DISPENSARY.—Dr. H. W. Rose has submitted the following monthly report to the Trustees of the Brooklyn E. D. Homœopathic Dispensary Association, giving the amount of work done for the month ending July 31: Total prescriptions, 1,166; number of male patients, 369; females, 797. Recapitulation—Nativities: United States, 907; England, 86; Ireland, 110; Germany, 86; other countries, 27. Diseases—Digestive organs, 372; respiratory organs, 198; inflammatory, 112; skin, 93; eye and ear, 81; female, 90; surgery, 129; unclassified, 91. Ages—Under five years, 290; between five and fifteen, 196; between fifteen and twenty-five, 225; between twenty-five and fifty, 311; over fifty, 144.

PALPITATION OF THE HEART.—Dr. Lardes, in *L'Union Medicale*, recommends in anemic or nervous palpitation, not arising from organic disease, to bend the body head down, with the arms hanging, so as momentarily to cause congestion of the upper part of the body. The heart quickly resumes its functions.

N.Y. OPHTHALMIC HOSPITAL, cor. Third ave. and 23d street.—Report for the month ending June 30th, 1877: Number of prescriptions, 2,950; new patients, 338; patients resident in the hospital, 39; average daily attendance, 114; largest daily attendance, 179. Alfred Wanstall, M.D., Resident Surgeon.

The first volume of "a collection of papers elucidating and illustrating the principles of homœopathy," by the late Dr. Carroll Dunham, is announced. Five hundred pages, med. 8vo. Price, \$5.00. Parties desiring this work should address Carroll Dunham, jr., Irvington-on-Hudson.

HOM. MED. SOCIETY OF THE STATE OF N.Y.—The semi-annual meeting of the society will be held at Utica, October 9th, 1877. A full attendance is earnestly hoped for, and contributions of papers, etc., solicited.—Alfred K. Hills, M. D., Recording Secretary.

LISTON.—Lord Robertson said of the hand of the great surgeon Liston, "if hard as iron and true as steel in the theatre of operation, it was soft as thistle-down when applied to the throbbing pulse and aching brow."

THE following journals made their first appearance during July: "American Homœopathist," Chicago, a monthly; and the "California Medical Times," San Francisco, quarterly.

MRS. AUGUSTUS HEMMENWAY, of Boston, has sent to the Homœopathic Hospital in that city a check for \$10,000, and one for \$5,000 to the Young Men's Christian Union.

A CHILDREN'S homœopathic hospital has been established at Philadelphia upon a firm foundation, with Dr. C. R. Norton as resident physician.

UNION COLLEGE has conferred the degree of A. M. upon Dr. A. W. Holden, chief-of-staff of the Homœopathic Hospital on Ward's Island.

DRS. T. J. Patchen and Geo. D. Streeter have located at Hot Springs, Arkansas.

DEAD.—Died on the 6th ult., Dr. W. J. Bryan, of Corning.